R E P O R T  R E S U M E S

ED 013 680 RC 001 649

TEXAS STATE DEPARTMENT OF HEALTH MIGRANT PROJECT. ANNUAL REPORT.

TEXAS STATE DEPT. OF HEALTH, AUSTIN

PUB DATE 66

EDRS PRICE MF-$0.25 HC-$1.84 46P.

DESCRIPTORS- *AGRICULTURAL LABORERS, CONSULTATION PROGRAMS, COMMUNITY AGENCIES (PUBLIC), FOLLOWUP STUDIES, HEALTH SERVICES, *HEALTH EDUCATION, IMMUNIZATION PROGRAMS, INSERVICE PROGRAMS, MIGRATION PATTERNS, MIGRANTS, *MIGRANT HEALTH SERVICES, NURSES, ORIENTATION, *PUBLIC HEALTH, PROJECTS, PROGRAMS, *SANITATION, STAFF MEETINGS,

IN THE STATE OF TEXAS APPROXIMATELY 167,000 AGRICULTURAL LABORERS MIGRATED DURING 1965, USUALLY FOLLOWING FOUR DESCRIBED MIGRATION PATTERNS. SEVEN PUBLIC HEALTH NURSES PROVIDED HEALTH SERVICES TO THESE MIGRANTS IN THE FORM OF IMMUNIZATION PROGRAMS, TUBERCULIN TESTING, AND FOLLOWUP SERVICES. SANITATION SERVICES IN THE VARIOUS COMMUNITIES INCLUDED WATER SAMPLING, RODENT CONTROL, AND VECTOR CONTROL. HEALTH EDUCATION SERVICES ARE CATEGORIZED IN THE FORM OF STAFF MEETINGS, INSERVICE PROGRAMS AND ORIENTATION, CONSULTATION PROGRAMS, WORKING WITH OTHER COMMUNITY AGENCIES, PROVIDING HEALTH EDUCATION MATERIALS, AND SPONSORING SPECIAL ACTIVITIES. TWENTY-TWO APPROVED MIGRANT HEALTH PROJECTS ARE LISTED ACCORDING TO ADDRESSES AND SERVICES. APPENDICES WHICH CONTAIN PERTINENT FORMS USED IN VARIOUS MIGRANT PROGRAMS CONCLUDE THE REPORT. (JS)

ED001722

# Migrant Health Program

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

ED013680

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# Annual Report 1966

TEXAS STATE DEPARTMENT OF HEALTH

RC 001649

# ANNUAL REPORT

**TEXAS STATE DEPARTMENT OF HEALTH**

**MIGRANT PROJECT**

**GRANT NO. MG—03**

**DEPARTMENT OF HEALTH, EDUCATION AND WELFARE**

**PUBLIC HEALTH SERVICE**

**MIGRANT HEALTH PROGRAM**

**TEXAS STATE DEPARTMENT OF HEALTH**

**AUSTIN, TEXAS**

**1966**

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*Photo credit: Lubbock Avalanche-Journal*

# Background and Objectives

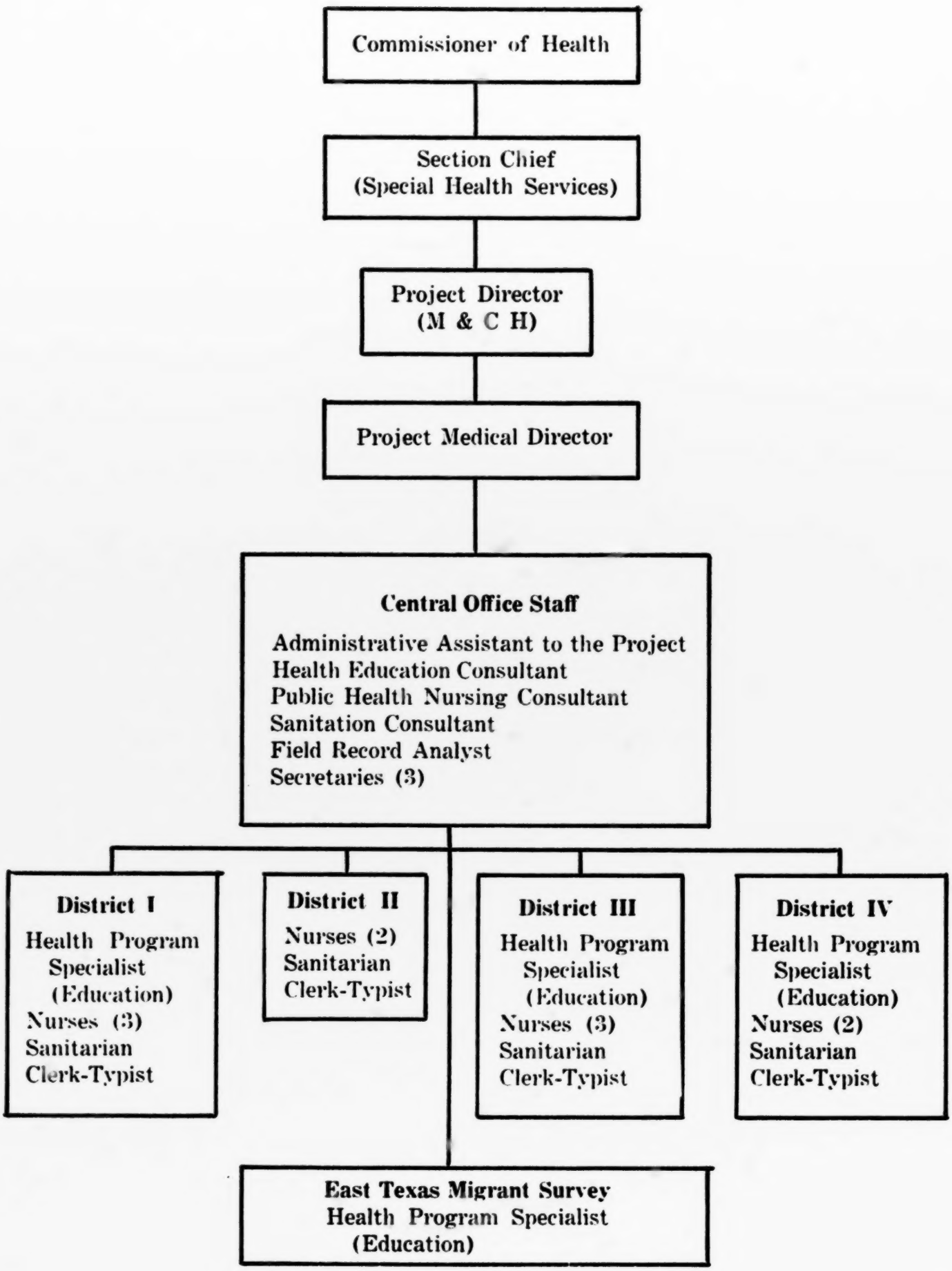
The Texas State Department of Health Migrant Project was approved June 28, 1963, for a three-year period. On July 1, 1966, it was approved for a second three-year period ending June 30, 1969.

The Project was originally coordinated through the Sanitation Division of the Texas State Department of Health, with a Director and Coordinator to get the program under way. One Sanitarian was employed in August, 1963. In September, 1963, the administration of the Project was transferred to the Division of Maternal and Child Health in order to have a physician as its Director, at which time the area serviced by the Project was divided into three districts with one Nurse and one Sanitarian assigned to each district. The Project area is now divided into four districts, with two Nurses, one Sanitarian and one Clerk-Typist in each district. However, at the present time, there is only one Nurse in District II covering the area.

On July 27, 1964, an Assistant Project Director was employed to give administrative support to the Project. She resigned on October 31, 1964.

A Public Health Officer was employed in December, 1965, as a full-time Assistant Project Director. In December, 1966, his title was changed to Project Medical Director.

Several new positions in the Central Office have been approved and filled: Health Education Consultant, Health Program Specialist (Health Educator), Public Health Nursing Consultant, Sanitation Consultant, Field Record Analyst, and several Secretaries.


Commissioner of Health
Section Chief
(Special Health Services)
Project Director
(M & C H)
Project Medical Director
Central Office Staff
Administrative Assistant to the Project
Health Education Consultant
Public Health Nursing Consultant
Sanitation Consultant
Field Record Analyst
Secretaries (3)
District I
Health Program Specialist (Education)
Nurses (3)
Sanitarian
Clerk-Typist
District II
Nurses (2)
Sanitarian
Clerk-Typist
District III
Health Program Specialist (Education)
Nurses (3)
Sanitarian
Clerk-Typist
District IV
Health Program Specialist (Education)
Nurses (2)
Sanitarian
Clerk-Typist
East Texas Migrant Survey
Health Program Specialist (Education)

# Staff

ADMINISTRATION

| | |
|---|---|
| J. E. Peavy, M.D., M.P.H. | — Commissioner of Health |
| Fred P. Helm, M.D., M.P.H.<br>Special Health Services | — Section Chief |
| Carl F. Moore, Jr., M.D., M.S. in Ob.<br>Maternal & Child Health Division | — Director |
| Robert L. Cherry, M.D., M.P.H. | — Project Medical Director |
| Charles J. Scottino, R.S., B.S. | — Administrative Assistant to the Project |
| Catherine R. Maley, R.N., B.S.N. | — Public Health Nursing Consultant |
| Troy W. Lowry, R.S., B.S., M.S. | — Sanitation Consultant |
| Elijah R. Brown, Jr., B.S., M.P.H. | — Acting Health Education Consultant |
| Kathryn P. Parker | — Field Record Analyst |
| Margie S. Niesner | — Secretary |
| Pauline C. Powell | — Secretary |
| Mary S. Contreras | — Secretary |

NURSING (DISTRICT)

| | |
|---|---|
| Geneva M. Shropshire, R.N. | — Public Health Nurse |
| Mary C. Miller, R.N. | — Public Health Nurse |
| Nellie P. Baker, R.N., B.S.N. | — Public Health Nurse |
| Louise M. Fischer, R.N., B.S.N. | — Public Health Nurse |
| Lois E. Gray, R.N., B.S.N. | — Public Health Nurse |
| Patricia L. Alex, R.N., B.S.N. | — Public Health Nurse |
| Billie B. Moore, R.N., B.S.N. | — Public Health Nurse |

SANITATION (DISTRICT)

| | |
|---|---|
| Jerry J. Delashaw, R.S., B.S. | — Sanitarian |
| Rafael Gomez, Jr., R.S., B.A. | — Sanitarian |
| Virgil A. Galloway, R.S., B.S. | — Sanitarian |
| Stanley E. Phelps, R.S., B.S. | — Sanitarian |

CLERICAL (DISTRICT)

| | |
|---|---|
| Beverly A. Hall | — Clerk-Typist |
| Susan B. Barber | — Clerk-Typist |
| Martha D. Cole | — Clerk-Typist |

TEMPORARY HELP

As needed

(As of December 31, 1966)

# Project Objectives

Basic purposes of this Project are to assist communities in arranging for the provision of health services to migrant families, and to assist the local counties in providing health services directly to migrant families by the Project personnel or with volunteer assistance which the Project personnel will be able to muster.

Emphasis is placed on rendering assistance in those county communities which do not have health departments or other official agencies to cope with the migrancy problems. Specifically, during subsequent Project operations, we propose to:

1. Assist official agencies and other community organizations in analyzing and understanding the full range of the traditional problems of migrant people, e.g., poor housing, low income, little or no education, and so forth — factors which deter such people from living in healthful conditions and following healthful practices. Through this community development process, the Project will help such migrant-impacted (or home base) communities in recognizing the gap between existing local health services and the health needs of the migrants.

2. Provide public health nursing services, including the systematic screening and referral of migrants to local physicians, dentists and health/welfare agencies in the local area or elsewhere in the "migrant stream."

3. Provide sanitation services through which owners of labor camps and other housing provided to migrants can be informed of changes or improvements necessary to meet suggested minimum standards of the Texas State Department of Health; and through which migrant people can be motivated to recognize the need for, and advantages of, sound sanitation practices.

4. Provide health education services in support of the community development, nursing and sanitation efforts put forth through the Project.

5. Develop a referral system for in-state and out-of-state migrants.

6. Assist in the establishment of local family health clinics.

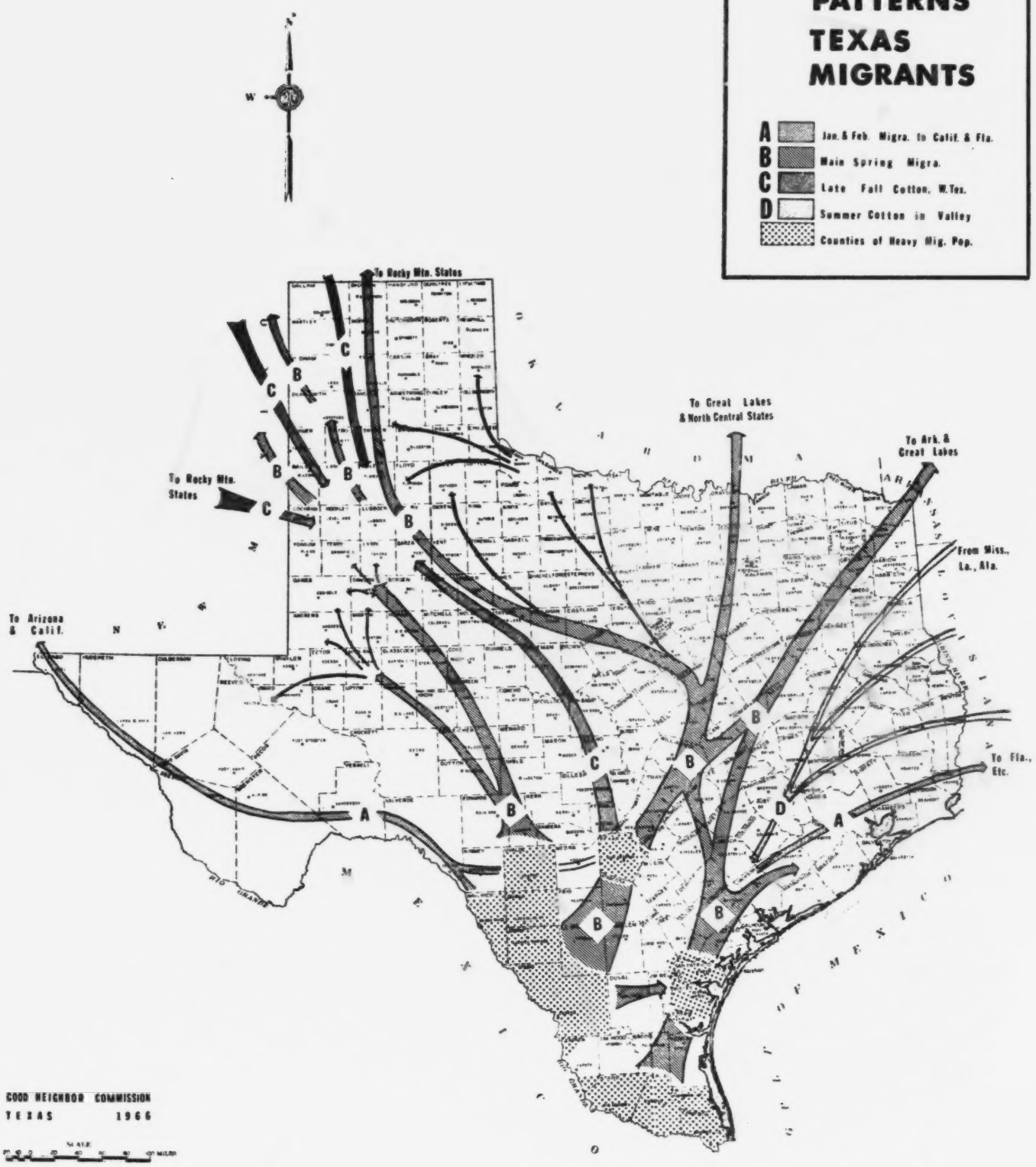
7. Provide technical and consultative assistance to unorganized counties where there are newly approved migrant health grants.

8. Promote integration of migrant health services into the on-going services of the full-time local health units where they exist.

9. Determine, in cooperation with local health services, the extent of the migrant population in those areas where no special migrant projects exist.

10. Stress cooperation with the Tuberculosis Eradication Program due to the extent and prevalence of tuberculosis in the migrant population.

# MAJOR TRAVEL PATTERNS TEXAS MIGRANTS


A Jan. & Feb. Migra. to Calif. & Fla.
B Main Spring Migra.
C Late Fall Cotton, W.Tex.
D Summer Cotton in Valley
Counties of Heavy Mig. Pop.
To Rocky Mtn. States
To Great Lakes & North Central States
To Ark. & Great Lakes
To Rocky Mtn. States
From Miss., La., Ala.
To Arizona & Calif.
To Fla., Etc.
GULF OF MEXICO

GOOD NEIGHBOR COMMISSION
TEXAS 1966

# Migrant Situation

Statistics which will reflect a true picture of the 1966 farm labor migration will not be available until the return of migrants to home bases.

Approximately 167,000 migrant men, women and children migrated during 1965. This was about 30 percent more than in 1964, when about 129,000 persons migrated. The increase included all categories. Approximately 128,500 individuals migrated from Texas to 36 other states, and about 38,500 individuals remained in the state. The three states (other than Texas) employing the largest number of Texas migrants were: Michigan (31,681), Ohio (25,776) and Wisconsin (16,357).[1]

*Photo credit: San Benito News*

*[1]The Good Neighbor Commission of Texas, 1965 Migration. Col. Egon R. Tausch, Coordinator of Migration Labor.*

Since Texas is largely a home-base area, the migrants return from out of state from September through December each year. A sizeable number work in the Plains Area in the cotton fields upon their return.

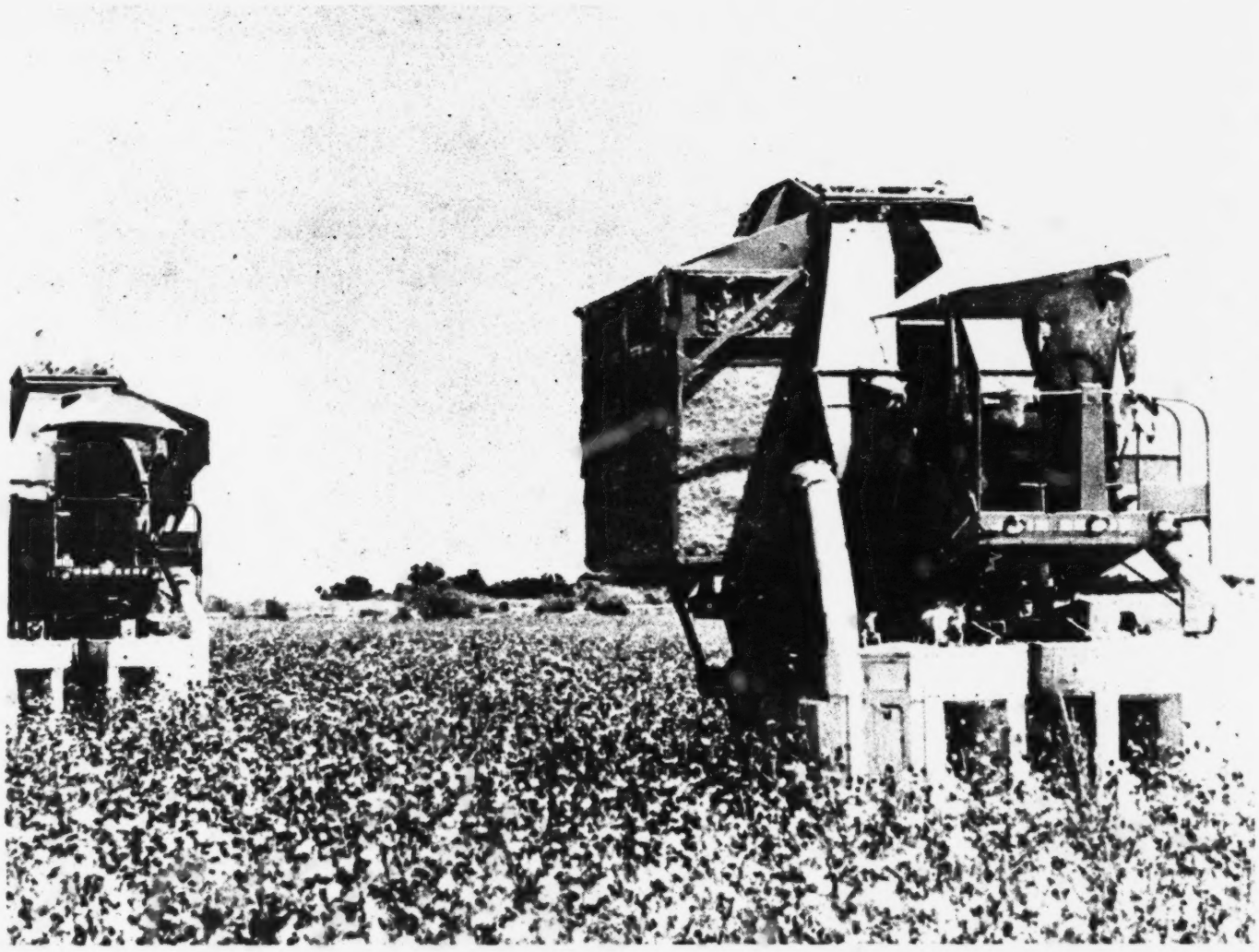


*Photo credit: San Benito News*

A settling out trend has been recognized for a small proportion of Texas migrants each year in other geographic areas, such as in West Texas and in northern states. Some thousands have settled in localities over a large area in and around Lubbock. Those migrants leaving the stream, in many cases, have obtained year-round employment on farms or in non-agricultural work. However, the home-base area for the great majority continues to remain in South Texas, from San Antonio to the Border and to the Gulf. The heaviest concentration is in the Lower Rio Grande Valley, with Hidalgo County having the greatest number (25,000 workers).[2]

Mechanization has definitely caused changes in the migration pattern of Texas migrants. During 1965, the use of the machine in the cotton fields was estimated to have displaced over 290,000 workers in Texas. Similarly, machine harvesting of vegetables probably displaced about 6,000 workers who formerly worked in those crops.[3]

*Photo credit: Lubbock Avalanche-Journal*

[2]*The Good Neighbor Commission of Texas, 1965 Migration. Col. Egon R. Tausch, Coordinator of Migrant Labor.*

[3]*Ibid.*

# Nursing Services

During 1966, nursing services for the Migrant Project program were provided by seven Public Health Nurses, under the direction of the Texas State Department of Health Migrant Project Nursing Consultant. There were two Nurses assigned to each of the four District Field Offices but a vacancy existed in District II, leaving one Nurse to serve that area.

The Nursing Staff has concentrated its efforts in counties without organized health departments and facilities for meeting the health needs of the migrants. Although nursing services to the migrants have been greatly improved, these are still inadequate to meet the needs of both in-migrants and home-based migrants found in all areas of the State of Texas.

Much of the work done by the Nursing Staff could not have been accomplished without the cooperation and support of many agencies, organizations, groups and individuals, for example: Texas State Department of Health Nursing Division, local health departments, and many physicians, individuals and civic organizations.

## Clinics

The Nursing Staff has been involved in promoting various clinics with special emphasis on immunizations, tuberculin testing, and follow-up services, especially with the schools. In counties where there are no health departments, immunization programs have been held in many schools for the first time.

Following is a table of immunization programs by category, age and sex, held during 1966:

| | 5-14 | | 15-20 | | |
|---|---|---|---|---|---|
| Disease | M | F | M | F | Totals |
| Smallpox | 1,201 | 1,194 | 235 | 207 | 2,837 |
| Diphtheria | 2,310 | 1,965 | 736 | 627 | 5,638 |
| Pertussis | 111 | 126 | 0 | 0 | 237 |
| Tetanus | 2,310 | 1,964 | 736 | 637 | 5,647 |
| Polio | 1,295 | 1,229 | 395 | 319 | 3,238 |
| | | | | Grand Total | 17,597 |

## Tuberculosis Screening

The Migrant Project Nursing Staff and the Tuberculosis Control Staff of the Texas State Department of Health are working together on the eradication of tuberculosis in the migrant population. Cooperating with the Texas Statewide Tuberculosis Eradication Program, and working with local school and health officials and various tuberculosis associations, they have assisted in community planning, school testing (Heaf), reporting and follow-up services in counties without health departments.

## Other Activities

Activities of the Nursing Staff of the Migrant Project included numerous visits to local project areas, providing assistance in the preparation of local grant applications, and providing referral follow-up services to migrants.

# Sanitation Services

Sanitation services for the Texas State Department of Health Migrant Project during 1966 were provided by a Sanitation Consultant in the Central Office and a Sanitarian in each of the four District Offices.

The Sanitation Staff concentrated its efforts in those counties having no organized health departments or units to provide service to migrants, and strove to improve environmental sanitation and housing facilities in home-base counties and migratory labor camps in those areas having large groups of domestic migrants. This, too, demonstrated to county residents the benefits to be derived from an organized health program.

As migrants and their families are not restricted to one locality but are dispersed throughout communities, all services provided by the Migrant Project to improve their health and environment, such as water sampling, rodent control, vector control, etc., also benefit the non-migrant society and its environment.

### Migrant Dwellings

Due to the increase of agricultural mechanization in Texas, many migrant labor camps were unoccupied during the past year. The exact number of labor camps in Texas was unknown. However, based on previous records, the estimated number was approximately 563. Most of the camps were inadequate and deficient in several categories, for example: structure, water, sewerage, garbage disposal, vector control, safety, and fire prevention. Camp owners and/or managers were reluctant to improve labor camp facilities because many migrants have misused the property.

In Texas there is no law to license or regulate the operation of labor camps. Such a bill has been drafted and is to be proposed to the Texas Legislature. This will request that the Commissioner of Health be given the authority to issue rules and regulations for the protection of the health, safety and welfare of persons living in migrant labor camps.

In addition to labor camps, the in-migrants generally live in small, sub-standard two-or-three-room dwellings, either on individual farms or in small communities.

Laws, regulations or other criteria for evaluating houses (excluding labor camps) within incorporated cities or towns are regulated by provisions within each city ordinance. Housing in rural areas or unincorporated areas are regulated by the county ordinances or the "Texas Sanitation and Health Protection Laws."

To overcome prevailing sub-standard housing conditions, the Sanitarians appealed directly to the owners and/or managers of the dwellings. Emphasis was given to the dangers to health that could be encountered by both the community and the migrants if provisions were not made to correct the defects.

**Reception Centers**

Information from the Texas Employment Commission reveals there are 23 reception centers located throughout the State of Texas. Facilities available vary from center to center. Some centers provide complete accommodations while others only provide parking, water supplies and toilet facilities.

All of the centers have been inspected but most of them are inadequate and sub-standard. However, as there is no person directly responsible for the centers, it is very difficult to have the inadequacies and deficiencies corrected.

**Water Analysis**

Sampling of water for bacteriological analysis was an integral part of the services of the Sanitation Staff. To ensure the migrant and his family a safe water supply, samples of water were collected from a number of rural schools, labor camps and private premises (see accompanying Table) and tested for bacterial count. When necessary, the water systems were purified by chlorination and repairs were made to safeguard them. The Sanitarians also conducted group demonstrations on the technique of taking water samples, interpreting results, and proper chlorination of water systems.

BACTERIOLOGICAL ANALYSIS OF WATER SUPPLY
BY COUNTY, GROUP AND NUMBER—1966

| County | School | Labor Camp | Private Premises |
|---|---|---|---|
| Bailey | 0 | 11 | 5 |
| Bee | 0 | 4 | 0 |
| Bexar | 4 | 0 | 3 |
| Caldwell | 0 | 0 | 88 |
| Castro | 0 | 6 | 0 |
| Dawson | 0 | 0 | 1 |
| Dimmit | 0 | 0 | 2 |
| Edwards | 2 | 0 | 0 |
| Guadalupe | 8 | 0 | 0 |
| Hale | 0 | 0 | 2 |
| Henderson | 4 | 0 | 0 |
| Jim Hogg | 0 | 0 | 2 |
| Jim Wells | 0 | 0 | 2 |
| Kendall | 0 | 0 | 374 |
| Lamb | 0 | 0 | 2 |
| LaSalle | 27 | 0 | 1 |
| McMullen | 4 | 0 | 0 |
| Real | 18 | 0 | 0 |
| Starr | 0 | 0 | 9 |
| Wilson | 30 | 0 | 2 |
| Total | 97 | 21 | 493 |

Various interested agencies and community groups, such as the Texas Extension Service and city and county officials, have assisted the Sanitation Staff in the water sampling program.

**Rodent Control**

During this Project year, the Sanitarians have been involved in county-wide initiation and operation of several Rodent Control programs. They have also served as coordinators between local projects and other state and federal agencies such as the Texas A & M University Extension Service and the Bureau of Sport Fisheries and Wildlife, U.S. Department of Interior. They also provided assistance to the local projects in the preparation of survey forms, determination of the magnitude and necessary control measures, and necessary precautions to be taken in all phases of the program.

**Vector Control**

The Sanitation Staff of the Migrant Project has served as both technical and non-technical consultants in the Vector Control Program concerned with the control of flies, mosquitoes, etc., and conducted on a county-wide basis, similar to the Rodent Control Program.

# Health Education Activities

The position of Health Education Consultant in the Texas State Department of Health Migrant Project is vacant at the present time. The Health Educator assigned to the East Texas Field Office was transferred to the Central Office on August 26, 1966, as Acting Health Education Consultant.

Much of the Health Education work was performed by the Field Staff of Nurses and Sanitarians, with assistance from the Division of Public Health Education and other resources within the Texas State Department of Health. Technical assistance in Health Education was provided by the Texas State Department of Health Division of Public Health Education, by the Public Health Service, Department of Health, Education and Welfare, Regional Office, Dallas, and by the Migrant Health Branch, Public Health Service, Washington, D. C.

Health Education services are categorized in the form of staff meetings, in-service training and orientation, consultations, working relationships with other agencies, health education material, and special activities.

### Staff Meetings

A number of staff meetings were held during the reporting period, with several divisions of the Texas State Department of Health participating, such as Dental Health, Communicable Disease Control, Tuberculosis Control, Public Health Education and Local Health Services.

### In-Service Training and Orientation

The Central Office and Field Personnel have participated in several conferences, seminars and workshops on migrant health, family planning, school health and sanitation for additional support in providing services to migrants and their families.

Orientation of new staff members was accomplished through the Central Office facilities, field districts and city and county health departments.

### Consultative Services

The staff of the Migrant Project spends a major portion of its time and efforts, when called upon, in providing consultative services to personnel of various local projects, city and county officials, and migrants and their families. The following table is a breakdown of such services provided during the year 1966.

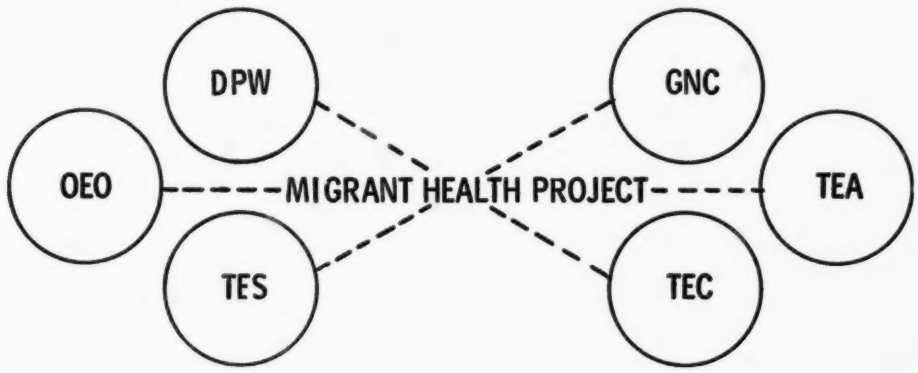
CONSULTATIVE SERVICES BY CLASSIFICATION AND NUMBER

| Group | Number |
|---|---|
| Health Officers | 149 |
| City Officials | 127 |
| County Officials | 302 |
| Project Personnel (Local) | 497 |
| Project Personnel (Field) | 154 |
| Migrant Crew Leaders | 141 |
| Migrants (Individuals) | 1,258 |
| | 2,628 Total* |

*The total services have increased sharply with the complete staffing of the Central Office.

### Working Relationships With Other Agencies

An integral part of the Migrant Project program is to establish a good working relationship with various Texas State agencies regarding the welfare of migrants and their families. Such an involvement has been made with the Good Neighbor Commission of Texas, Department of Public Welfare, Texas Education Agency, Texas Employment Commission, Texas Extension Service and Texas Office of Economic Opportunity.




### Health Education Material

As many migrants are unable to read or write English, the Sanitation Staff, in conjunction with personnel of various local health projects, has prepared Health Education literature in both English and Spanish.

### Special Activities

Statistical data, concerning health services provided to migrants and their families by the Texas State Department of Health Migrant Project and the local migrant health projects, are kept current by submission of reports to the Central Office.

RECORDS—SANITATION STAFF:
The Sanitation Consultant, the Central Office Personnel and the Field Sanitarians have developed, for use by the Field Sanitarians, a survey form to record their activities. This form is completed monthly by the District Sanitarians and is submitted to the Central Office (see Appendix).

RECORDS—NURSING STAFF:
The Field Record Analyst, the Texas State Department of Health Division of Local Health Services and the Central Office Personnel have devised a form whereby nursing activities are coded and kept current. This form is prepared monthly by the District Nurses and sent to the Central Office (see Appendix).

REFERRAL SYSTEM:
At the inception of the Migrant Project, a rudimentary Referral System for health services to Texas migrants and their families was in existence. This was very limited due to lack of data concerning the whereabouts of the migrants and lack of knowledge of their

family and health histories. Realizing the need for additional data to provide continuity and follow-up services, the Referral System was gradually expanded and improved through the cooperation of many interested individuals, agencies and out-of-state health units, and the Referral Form presently in use evolved.

The Referral System in use at this time enables the personnel of the Migrant Project to provide health services to migrants and their families when in home-base and intrastate areas and also to channel services through interstate health units while "in stream" or at out-of-state destinations.

Although migrants are today receiving improved health services, efforts continue constantly to devise a more effective referral system which will avoid a lapse in care, will make the transfer easy for the family and agencies involved and will minimize misdirected efforts.

REFERRALS RECEIVED AND PROCESSED
BY
STATE AND QUANTITY

| Source | Number Received | Number Completed | Number Incomplete |
|---|---|---|---|
| California | 5 | 2 | 3 |
| Colorado | 9 | 4 | 5 |
| Florida | 52 | 32 | 20 |
| Idaho | 8 | 8 | 0 |
| Illinois | 11 | 8 | 3 |
| Indiana | 3 | 2 | 1 |
| Iowa | 13 | 9 | 4 |
| Kansas | 78 | 61 | 17 |
| Michigan | 45 | 20 | 25 |
| Minnesota | 613 | 215 | 398 |
| Nebraska | 5 | 3 | 2 |
| Ohio | 292 | 174 | 118 |
| Oregon | 36 | 16 | 20 |
| Pennsylvania | 1 | 0 | 1 |
| South Carolina | 1 | 1 | 0 |
| Tennessee | 1 | 1 | 0 |
| Utah | 6 | 0 | 6 |
| Virginia | 16 | 0 | 16 |
| Washington | 3 | 3 | 0 |
| Wisconsin | 22 | 5 | 17 |
| Texas | 363 | 230 | 133 |
| TOTALS | 1,583 | 794 | 789 |

The above table shows the total number of referrals received and processed through the Central Office of the Migrant Project. However, statistics from the Nursing Staff show

that approximately 3,500 migrant referrals were serviced during the year 1966, indicating that a large number of referrals are still being diverted through other channels. A complete referral is one which has been received at the Central Office, forwarded for follow-up services, returned to the Central Office upon completion of services, and finally sent back to the point of origin.

## EAST TEXAS SURVEY

As late as 1965, it was assumed that many East Texas counties had a large migrant population, many of whom, if not most, were Negroes, with very limited resources with which to meet their health problems and needs.

A survey was conducted of the East Texas area to obtain more precise data regarding this segment of our migrant population. While this exploratory effort focused on the Negro migrant in East Texas counties, it was also concerned with the problems and needs of migrants of all ethnic groups found in that geographic area.

Initially, 56 counties were perceived as the universe. However, with so few migrants identified in 12 of the counties, the universe was limited in scope to 19 counties.

Despite the previous assumption that approximately 95% of the migrants were Negroes and only 5% Caucasian, the investigation revealed the fact that, of the total number of 1,193 workers in the 19 counties (637 in-migrants and 556 out-migrants), the largest group was Mexican-American—683. Other ethnic groups represented were: Indians—12; Whites—64; Negroes 434.

These workers are confronted with a wide range of problems, among them being: poor housing, environmental sanitation, physical health, periods of unemployment and inadequate income.

# Special Projects

During 1966-67, the following local migrant health projects throughout the State of Texas were in operation, or received approval, to provide health services to Texas migrants and their families:

Calhoun County Migrant Health Program
Roy G. Reed, M. D., Director
Port Lavaca, Texas 77979
Grantee: Port Lavaca-Calhoun County Health Department
Services: HO, MO, N, S

Cameron County Migrant Health Project
John R. Copenhaver, M.D., Director
San Benito, Texas 78586
Grantee: Cameron County Health Department
Services: HE, HO, N, S

Castro County Migratory Health Project
Harold W. Bichoff, M.D., Medical Director
R. D. Newman, Project Director
Dimmitt, Texas 79027
Grantee: Castro County Commissioners' Court
Services: D, HO, MO, N, S

Crosby County Migrant Health Service Project
Wayne Houser, M. D., Project Medical Director
T. J. Taylor, Project Director
Crosbyton, Texas
Grantee: Crosby County Commissioners' Court
Services: D, HO, MO, N, S

Del Rio-Val Verde County Health Department Migrant Health Project
B. Oliver Lewis, M. D., Director
Del Rio, Texas 78840
Grantee: Del Rio-Val Verde County Health Department
Services: D, HO, MO, N, S

*Floyd County Migrant Health Service Project
Jack G. Jordan, M.D., Medical Director
Hon. J. K. Holmes, County Judge, Project Director
Floydada, Texas 79235
Grantee: Floyd County Commissioners' Court
Services: D, HO, MO, N, S, O

Goliad County Migrant Health Project
L. W. Chilton, Jr., M.D., Director
Rev. Edward H. Kircher, Administrator
Goliad, Texas 77963
Grantee: Goliad Project for Handicapped Children
Services: MO, HO, N, S

Gonzales County Migrant Health Project
D. M. Shelby, M.D., Director
Mrs. Ruth Shelby, R.N., Administrative Project Director
Gonzales, Texas 78629
Grantee: Gonzales County Medical Society
Services: HO, MO, N, S

Greenbelt Medical Society Migrant Health Project
Jack F. Fox, M.D., Co-Project Director (Childress County)
Harold R. Stevenson, M.D., Co-Project Director (Hall County)
Grantee: Greenbelt Medical Society
Services: D, HO, MO, N, S

Hale County Migrant Health Program
Carl P. Weidenbach, M.D., Director
Plainview, Texas 79073
Grantee: Plainview-Hale County Health District
Services: HO, MO, N, S

Hidalgo County Migrant Health Grant
John R. Copenhaver, M.D., Director
Edinburg, Texas
Grantee: Hidalgo County Health Department
Services: D, HE, MO, N, S

*Not yet funded

Hudspeth County-Dell City Migrant Health Project
John M. Sherman, M.D., Acting Medical Director
Hon. Tom H. Neely, County Judge, Director
Sierra Blanca, Texas 79851
Grantee: Hudspeth County Commissioners' Court
Services: D, HO, MO, N, S

*Jim Hogg County Migrant Health Project
M. B. Guerra, M.D., Medical Director
H. T. Martinez, M.D., Project Director
Hebbronville, Texas 78361
Grantee: Jim Hogg County Commissioners' Court
Services: HE, HO, MO, N, S

Jim Wells County Migrant Health Project
P. S. Joseph, M.D., Medical Director
Gonzalo V. Trevino, Project Director
Alice, Texas
Grantee: Jim Wells County Commissioners' Court
Services: HO, MO, N, S

Laredo-Webb County Family Health Service Clinic
Lauro Montalvo, M.D., Acting Medical Director
Jose L. Gonzales, Project Director
Laredo, Texas 78040
Grantee: Laredo-Webb County Health Department
Services: HE, MO, MSW, N, S

LaSalle County Migrant Health Project
J. M. Barton, M.D., Director
Cotulla, Texas 78014
Grantee: LaSalle County Commissioners' Court
Services: D, HO, MO, N, S

*Leon Valley Migrant Health Project
F. A. Eisenrich, M.D., Director
DeLeon, Texas 76444
Grantee: De Leon Municipal Hospital
Services: D, HO, MO, N, S

Lubbock City-County Health Department
David M. Cowgill, M.D., Director
Lubbock, Texas 79408
Grantee: Lubbock City-County Health Department
Services: HE, MO, N, S, HO

*Not yet funded

Southwestern Texas Health Department (Maverick, Dimmit, Zavala and Uvalde Counties)
B. Oliver Lewis, M.D., Director
Eagle Pass, Texas 78852
Grantee: Southwestern Texas Health Department
Services: D, HE, N, S, HO

Spur-Dickens County Health Service Project
Bob Alexander, M.D., Medical Director
M. A. Rickels, Project Director
Spur, Texas 79370
Grantee: Spur City Council
Services: D, HO, MO, N, S

Yoakum County Migrant Health Service Project
Joseph E. Sharp, M.D., Medical Director
Mrs. Helen V. McMahan, R.N., Project Director
Denver City, Texas 79323
Grantee: Yoakum County Commissioners' Court
Services: D, HO, MO, N, S

Zapata County Migrant Health Project
Jose Alfonso Calcaneo, M.D., Medical Director
Hon. Pedro Ramirez, Jr., County Judge, Director
Zapata, Texas 78076
Grantee: Zapata County Commissioners' Court
Services: HO, MO, N, S

Abbreviations used: D-Dental; HE-Health Education; HO-Hospitalization**; MO-Outpatient Medical Care; N-Nurse; S-Sanitarian; O-Optometric; MSW-Medical Social Worker; T-Technical Assistance.

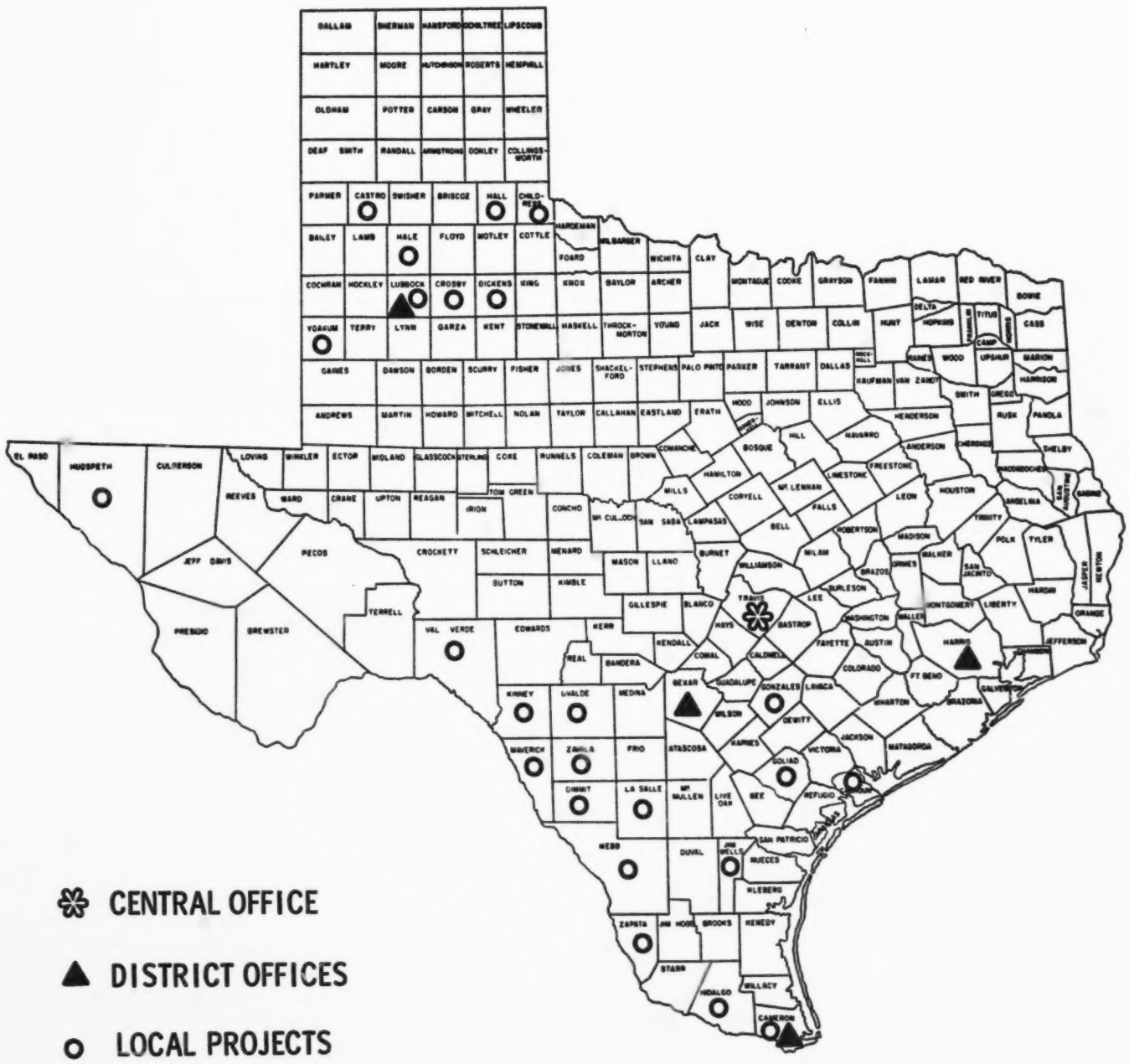
During this period, four additional applications for migrant health project grants were submitted for approval and various other sources indicated interest in similar programs for their areas.

Local migrant health projects, together with the Texas State Department of Health Migrant Project, work closely with local health services in meeting the needs of the migrant and local residents in an integrated public health program.

The Texas State Department of Health Migrant Project personnel provide program and technical assistance to the local migrant health projects. Both interstate and intrastate migrant referrals are routed through the Central Office in an effort to improve the continuity of health services for migrant agricultural workers leaving and returning to Texas. The major health services to migrants are provided by these local projects (see aforegoing list of Special Projects) and are reflected in their annual reports.

**Funds for Hospitalization Services have not yet been funded.

# TEXAS STATE DEPARTMENT OF HEALTH
# MIGRANT PROJECT
# and
# LOCAL MIGRANT HEALTH PROJECTS



# Program Evaluation

It is the consensus of the Project personnel that the operation of the Project during the past year was more successful than in previous years. This may be attributed to an increased amount of technical assistance and program guidance brought about by an augmented Field Staff and Central Office Staff, by a marked increase in the improvement and continuity of health services through an intensified Referral System, by integrating activities with local health services, and by immense support of the tuberculosis program through our Nursing Staff (tuberculosis being a serious health problem among migrants).

# Design For The Future

To provide the highest quality of service to the migrant and his family has been and will continue to be the main objective of the Migrant Project program. With this goal in mind, the future plans of the Project will involve:

1. Continued integration into local health services and close cooperation with the Division of Local Health Services of the Texas State Department of Health.

2. Promotion of coordination and cooperation between local, state, federal, civic and professional organizations and agencies.

3. Administrative and fiscal guidance to local migrant health projects to the extent mutually agreed upon by the Public Health Service, Department of Health, Education and Welfare and the Texas State Department of Health Migrant Project.

4. Increased efforts to promote a comprehensive dental health program, wherever possible, in home-base areas.

5. Recruitment and training of health aides as supplements to staff personnel to increase the range of their services and health information.

6. Increased assistance to local projects by recruitment and evaluation of staffs.

7. Improvement in reporting from special projects.

8. More utilization of nursing and sanitarian aides.

9. Continued efforts to promote better continuity of health services.

10. Improved housing facilities.

11. Continued emphasis on health education.

# APPENDIX

# APPENDIX A

1

TEXAS MIGRANT PROJECT

PROJECT NUMBER

---

ACTIVITY REPORT

DISTRICT_____ _____

(Signature)

_____

(Date)

| | Total this month | Total this year |
|---|---|---|
| M-1 Admissions to service (total): | | |
| a. Under 15: Male | | |
| Female | | |
| b. 15-44 years: Male | | |
| Female | | |
| c. 45 years +: Male | | |
| Female | | |

M-2 Number of individuals admitted by type condition:

| | Under 15 | | 15-44 | | 45 + | | Total this month | Total this year |
|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | | |
| a. Communicable Disease | | | | | | | | |
| b. Venereal Disease | | | | | | | | |
| c. Chronic Diseases | | | | | | | | |
| d. Tuberculosis | | | | | | | | |
| e. Maternity | | | | | | | | |
| f. Midwives | | | | | | | | |
| g. Child Health | | | | | | | | |
| h. Crippled Children | | | | | | | | |
| i. Cancer | | | | | | | | |
| j. Heart | | | | | | | | |
| k. Dental | | | | | | | | |
| l. Others | | | | | | | | |

M-3 Number field visits by type condition:

| | Under 15 | | 15-44 | | 45 + | | Total this month | Total this year |
|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | | |
| a. Communicable Disease | | | | | | | | |
| b. Venereal Disease | | | | | | | | |
| c. Chronic Diseases | | | | | | | | |
| d. Tuberculosis | | | | | | | | |
| e. Maternity | | | | | | | | |
| f. Midwives | | | | | | | | |
| g. Child Health | | | | | | | | |
| h. Crippled Children | | | | | | | | |
| i. Cancer | | | | | | | | |
| j. Heart | | | | | | | | |
| k. Dental | | | | | | | | |
| l. Others | | | | | | | | |

M-4 Number office visits by type condition:

| | Under 15 | | 15-14 | | 45 + | | Total this month | Total this year |
|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | | |
| a. Communicable Disease | | | | | | | | |
| b. Venereal Disease | | | | | | | | |
| c. Chronic Diseases | | | | | | | | |
| d. Tuberculosis | | | | | | | | |
| e. Maternity | | | | | | | | |
| f. Midwives | | | | | | | | |
| g. Child Health | | | | | | | | |
| h. Crippled Children | | | | | | | | |
| i. Cancer | | | | | | | | |
| j. Heart | | | | | | | | |
| k. Dental | | | | | | | | |
| l. Others | | | | | | | | |

| | Total this month | Total this year |
|---|---|---|
| **M-5 Number clinic visits by type condition:** | | |
| a. Communicable Disease | | |
| b. Venereal Disease | | |
| c. Chronic Diseases | | |
| d. Tuberculosis | | |
| e. Maternity | | |
| f. Midwives | | |
| g. Child Health | | |
| h. Crippled Children | | |
| i. Cancer | | |
| j. Heart | | |
| k. Dental | | |
| l. Others | | |
| **M-6 Not Home** | | |
| **M-7 Referrals made to:** | | |
| a. Health Department Services | | |
| b. Private Physicians | | |
| c. Other Clinics (tbc, OPD, MH, etc.) | | |
| d. Hospitals | | |
| e. Social Agencies | | |
| f. Civic Organizations | | |
| g. Rehabilitation | | |
| h. Other (specify) | | |
| i. Distant Facilities | | |
| **M-8 Referrals completed:** | | |
| a. Health Department Services | | |
| b. Private Physicians | | |
| c. Other Clinics | | |
| d. Hospitals | | |
| e. Social Agencies | | |
| f. Civic Organizations | | |
| g. Rehabilitation | | |
| h. Other (specify) | | |
| i. Distant Facilities | | |
| **M-9 Arrangements made:** | | |
| a. Family assumed responsibility | | |
| b. Assistance needed | | |
| **M-10 Referrals Incomplete:** | | |
| a. Due to lack of finances | | |
| b. Migrated to other area | | |
| c. Not eligible | | |
| d. Other (specify) | | |
| **M-11 Referrals that could be made but services not available** | | |
| **M-12 Migrated to other area** | | |
| **M-13 Personal Health Cards:** | | |
| a. Number issued by this agency | | |
| b. Number of migrants from other areas with current personal health card credentials | | |
| **M-14 Number visits to potential project areas:** | | |
| a. Medical | | |
| b. School System | | |
| c. Hospital | | |
| d. City or County Officials | | |
| e. Voluntary Agencies | | |
| f. Official Agencies (tax supported) | | |

| | Under 15 | | 15-44 | | 45 + | |
|---|---|---|---|---|---|---|
| | M | F | M | F | M | F |
| a. Communicable Disease | | | | | | |
| b. Venereal Disease | | | | | | |
| c. Chronic Diseases | | | | | | |
| d. Tuberculosis | | | | | | |
| e. Maternity | | | | | | |
| f. Midwives | | | | | | |
| g. Child Health | | | | | | |
| h. Crippled Children | | | | | | |
| i. Cancer | | | | | | |
| j. Heart | | | | | | |
| k. Dental | | | | | | |
| l. Others | | | | | | |

| | Total this month | Total this year |
|---|---|---|
| M-15 Number visits to established project areas: | | |
| a. Administrative | | |
| b. Staff orientation | | |
| c. Staff supervision | | |
| M-16 Conferences: | | |
| a. State Migrant Staff | | |
| b. Local Migrant Project Staff | | |
| c. State Health Department Staff | | |
| d. Local Health Department Staff | | |
| e. U.S.P.H.S. Representatives | | |
| f. Individuals | | |
| g. Migrants (other than patient care) | | |
| M-17 Other activities (specify): | | |
| a. | | |
| b. | | |
| c. | | |
| M-18 Educational Services: | | |
| 1. Public lectures, talks, film showings (specify subject): | | |
| a. Professional groups | | |
| Subject ____ No. attending ____ | | |
| Subject ____ No. attending ____ | | |
| Subject ____ No. attending ____ | | |
| b. Lay public | | |
| Subject ____ No. attending ____ | | |
| Subject ____ No. attending ____ | | |
| Subject ____ No. attending ____ | | |
| 2. Other educational services (specify type): | | |
| a. Type ____ No. attending ____ | | |
| Type ____ No. attending ____ | | |
| Type ____ No. attending ____ | | |
| 3. Number staff meetings held in the department | | |
| 4. Number staff members attending institutes and lectures | | |

BRIEF NARRATIVE REPORT (activities not enumerated in this report):

(Date) _____ (Signature) _____

# APPENDIX A

5

_____
(Date)

## IMMUNIZATIONS AND TESTS

| DISEASE | Dose | Under 1 Year | | 1-4 Years | | 5-14 Years | | 15-20 Years | | 21-44 Years | | 45+ Years | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F |
| Smallpox | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| Diphtheria | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| Pertussis | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| Tetanus | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| Poliomyelitis | 2 | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| Typhoid | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| Measles | 1 | | | | | | | | | | | | |
| REIMMUNIZATIONS | | | | | | | | | | | | | |
| Smallpox | | | | | | | | | | | | | |
| Diphtheria | | | | | | | | | | | | | |
| Pertussis | | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | | |
| Poliomyelitis | | | | | | | | | | | | | |
| Typhoid | | | | | | | | | | | | | |
| OTHER TESTS | | | | | | | | | | | | | |
| Tuberculin | | | | | | | | | | | | | |
| # Negative | | | | | | | | | | | | | |
| # Positive | | | | | | | | | | | | | |

_____
(Signature)

# APPENDIX B

1

TEXAS MIGRANT PROJECT

PROJECT NUMBER

---

ACTIVITY REPORT

(SANITARIAN)

DISTRICT_____ _____

(Signature)

_____

(Date)

| | | | TOTAL | |
|---|---|---|---|---|
| | | | Month | Year |
| **J. GENERAL SANITATION** | | | | |
| **WATER** | | | | |
| 1. | Water Supplies Installed | | | |
| | a. Public | ( ) | | |
| | b. Semi-public | ( ) | | |
| | c. Private | ( ) | | |
| 2. | Water Supplies Chlorinated | | | |
| 3. | Water Samples Collected for Analysis | | | |
| 4. | Water Supplies | | | |
| | a. Inspections | ( ) | | |
| | b. Corrections or improvements | ( ) | | |
| **SEWAGE** | | | | |
| 5. | Pit Privies Eliminated | | | |
| 6. | Septic Tanks Installed | | | |
| 7. | Sewerage System | | | |
| | a. Inspections | ( ) | | |
| | b. Corrections or improvements | ( ) | | |
| **OTHER** | | | | |
| 8. | Premises | | | |
| | a. Inspections | ( ) | | |
| | b. Corrections or improvements | ( ) | | |
| 9-A. | Motels and Trailer Parks | | | |
| 9-B. | Labor Camps | | | |
| | a. Listed for supervision | ( ) | | |
| | b. Inspections | ( ) | | |
| | c. Corrections or improvements | ( ) | | |
| 10-B. | Reception Centers | | | |
| | a. Listed for supervision | ( ) | | |
| | b. Inspections | ( ) | | |
| | c. Corrections or improvements | ( ) | | |
| 12. | Schools | | | |
| | a. Listed for supervision | ( ) | | |
| | b. Inspections | ( ) | | |
| | c. Corrections or improvements | ( ) | | |

| | | | TOTAL | |
|---|---|---|---|---|
| | | | Month | Year |
| 15. | Public Rest Rooms | | | |
| | a. Listed for supervision | ( ) | | |
| | b. Inspections | ( ) | | |
| | c. Corrections or improvements | ( ) | | |
| 16. | Nuisances and complaints | | | |
| | a. Investigations | ( ) | | |
| | b. Corrections or improvements | ( ) | | |
| | c. Complaints of no public health significance | ( ) | | |
| 19. | Conferences—General Sanitation, Promotional and Consultative | | | |
| | VECTOR CONTROL | | | |
| 20. | Chemical Applications for Vector Control | | | |
| | a. Premises dusted and/or poisoned for rodent control | ( ) | | |
| | b. Premises residual sprayed | ( ) | | |
| | c. Acres fogged, or space sprayed | ( ) | | |
| | d. Sewer manholes | ( ) | | |
| | e. Acres larvicided | ( ) | | |
| | f. Privies treated for fly control | ( ) | | |
| 21. | Vector Control Sanitation | | | |
| | a. Anti-rat sanitation corrections | ( ) | | |
| | b. Anti-fly sanitation corrections | ( ) | | |
| | c. Anti-mosquito sanitation corrections | ( ) | | |
| | d. Premises rat-proofed | ( ) | | |
| | e. Linear feet drainage | ( ) | | |
| 22. | Garbage Handling | | | |
| | a. Storage corrections | ( ) | | |
| | b. New enclosed collection vehicles | ( ) | | |
| | c. Disposal corrections | ( ) | | |
| 23. | Rabies Control | | | |
| | a. Humans bitten by dogs | ( ) | | |
| | b. Dogs observed for 10 days | ( ) | | |
| | c. Heads submitted to laboratory | ( ) | | |
| | d. Laboratory—positive heads | ( ) | | |
| 24. | Conferences—Vector Control, Promotional and Consultative | | | |

| | TOTAL | |
|---|---|---|
| | Month | Year |
| X. EDUCATIONAL SERVICES | | |
| PUBLIC HEALTH ACTIVITIES | | |
| 1. Public Talks and Film Showings | | |
| a. Talks ( ) | | |
| Total Attendance ( ) | | |
| Subjects | | |
| b. Film Showings ( ) | | |
| Total Attendance ( ) | | |
| Subjects | | |
| 3. Other Educational Services | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4. Staff Meetings Held In the Department | | |
| 5. Staff Members Attending Institutes and Lectures | | |
| 6. Literature Distributed | | |
| a. Individuals ( ) Distribution ( ) | | |
| b. Schools ( ) Distribution ( ) | | |
| c. Organizations ( ) Distribution ( ) | | |
| Y. OTHER ACTIVITIES | | |
| PROJECT PROMOTION ACTIVITIES | | |
| 1. Visits For Promoting Initial Grants | | |
| a. Official groups ( ) | | |
| b. Professional groups ( ) | | |
| c. Civic groups ( ) | | |
| d. Individuals ( ) | | |

| TOTAL | |
|---|---|
| Month | Year |
| | |
| | |
| | |
| | |

2. Visits For "In Service" Training for Active Projects_____

3. Consultative Visits to Active Projects_____

4. Other Activities_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Sanitarian)_____

(District)_____

Form No. 11286-5C

## APPENDIX C

1

# Texas State Department of Health

AUSTIN, TEXAS

We have received the attached referral or referrals from

If time allows, would it be possible for one of your nurses to visit this home or homes?

Any information you could furnish in regard to the disposition of this referral or referrals will be appreciated. Please direct your reply to Robert L. Cherry, M.D., Project Medical Director, Migrant Project, Texas State Department of Health, 1100 West 49th Street, Austin, Texas. We will forward the information to the sending agency. Notice of action taken on referrals which you might receive directly from other areas should likewise be sent to this office for transmittal to the referring agency.

Thank you for your cooperation and your attention to this as soon as possible.

Sincerely yours,

Robert L. Cherry, M.D.
Project Medical Director
Texas Migrant Project

# APPENDIX D

1

## TEXAS STATE DEPARTMENT OF HEALTH
## MIGRANT PROJECT

### Inter-Agency Referral Form

TO:
Name: _____
Agency: _____
Address: _____

FROM:
Name: _____
Agency: _____
Address: _____

### PATIENT

Name: _____ Sex: _____ Date of Birth: _____
Head of Household: _____ County of Residence _____
Home Address: _____
_____ (Sufficient detail for location)
Destination Address (If known): _____
Crew Leader's Name (If known): _____ Address: _____
Family Physician: _____ Address: _____
Racial Origin: _____

### REASON FOR REFERRAL

Diagnosis and/or Physician's orders or recommendations:

IMMUNIZATIONS GIVEN

| Type | Basic Series | | Booster Given |
|---|---|---|---|
| | No. Given | Date last injection | Date |
| DPT | | | |
| Polio | | | |
| DT | | | |
| Tetanus | | | |
| Smallpox | | | |
| Typhoid | | | |
| Others (Specify) | | | |

X-RAY & LABORATORY TESTS

| Type | Date of Last Test | Date Due |
|---|---|---|
| | | |
| Chest X-ray | | |
| Tuberculin Test | | |
| S.T.S. | | |
| Others (Specify) | | |
| | | |
| | | |
| | | |

SERVICES REQUESTED:

Reply requested: Yes _____ No _____ Signed _____

Use this space for report to referring agency: Date: _____

1. Did migrant have Personal Health Card? Yes _____ No _____
2. If not, was one supplied him? Yes _____ No _____
3. Was information on card current? Yes _____ No _____

Name of worker: _____

# APPENDIX E

1

TEXAS STATE DEPARTMENT OF HEALTH
MIGRANT PROJECT

Follow-up
Inter-Agency Referral Form

Date:

Referring Agency:

Referral:

Subject referral was sent to you on_____with a letter requesting that you permit one of your nurses to visit this home or homes. To date we have not received a report on the services requested.

Any information you could furnish in regard to the disposition of this referral or referrals will be appreciated.

Thank you for your cooperation and your attention to this as soon as possible.

Sincerely yours,

Robert L. Cherry, M.D.
Project Medical Director
Texas Migrant Project